

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/041029 FILING DATE
APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1									
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49									
50									
TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									
300									
TOTAL IND.	3								
TOTAL DEP.	2								
TOTAL CLM	24								